



Workers'  
Compensation  
Board

# ONBOARD

OnBoard: Limited Release for **Insurers**

# Agenda



Project Overview



Timeline



What is OnBoard: Limited Release?



Benefits of Limited Release



Impact to Insurers



Sample Prior Authorization Request  
Process



Resources



Q&A

# ONBOARD

- **What is OnBoard?**
  - Next chapter in the modernization of the New York State Workers' Compensation Board.
  - A new business information system replacing current paper-based processes.
  - A single web-based platform.





## ■ OnBoard Benefits

- Improved and expanded access to real-time claim data.
- New electronic self-service features for interacting with the Board.
- Reduction in the amount of overall paper forms.
- Improve the system responsiveness to stakeholder needs.



**Increase injured worker access to care and timelier treatment.**

# OnBoard Timeline

- Began in summer 2019.
- Identifying opportunities to release system functionality early, to better assist stakeholders.
  - OnBoard: Limited Release
- OnBoard system will be released in multiple waves:



# First Release of OnBoard

- The first rollout, known as **Limited Release**, is planned for spring 2021.
- Why did we choose to provide a limited release of the system?



# Why OnBoard: Limited Release?

- Expanded Provider Law (EPL) became effective on January 1, 2020.
- Expands types of medical providers authorized to treat workers' compensation.
- **The Board expects significant increases in:**
  - Number of provider registrations received by the Board.
  - Number of providers authorized to treat workers' compensation injured workers.
  - Volume of medical treatment forms received and processed through the Board.
- **OnBoard: Limited Release focuses on the automation of Provider Authorization Requests (PAR) and the submission of form HP-1 (Request for Decision of Unpaid Medical Bill)**
- **Increases speed with which injured workers can receive treatment.**

# What Will OnBoard: Limited Release Do?

- Facilitate electronic communications for parties involved in the PAR process (e.g. Insurers, Claim Administrators, Pharmacy Benefit Managers, the Board's Medical Director's Office)
- Eliminate the following paper forms:
  - *Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response (Form MG-1)*
  - *Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)*
  - *Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)*



# Prior Authorization Requests

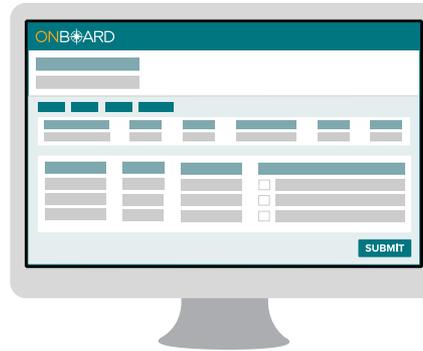
- Digitize and streamline the PAR process for the following requests:

| New PAR Name                                 | Old PAR Name   |
|--|--|
| Confirmation*                                | previously done using the Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response [Form MG-1])  |
| Variance                                     | previously done using the Attending Doctor's Request for Approval of Variance and Carrier's Response [Form MG-2])  |
| Special Services                             | includes the 12 Medical Treatment Guideline (MTG) related requests previously done using the Attending Doctor's Request for Authorization and Carrier's Response [Form C-4 AUTH] |
| Non-MTGs treatment costing more than \$1,000 | previously done using Form C-4 AUTH  |

\*Claim Administrators can no longer “opt out” of the process and a response to the PAR is now **mandatory**.

# New Prior Authorization Requests

- Prior authorization of Durable Medical Equipment (DME).
- Non-MTGs treatment costing \$1,000 or less.
- Include Medication PARs (replacing the current Drug Formulary Prior Authorization Request process).
- Transfer completed PAR submissions to the eCase folder.



# Benefits for Insurers

- Act on appropriate and correct information, as the system automatically validates data and triggers action, reducing duplication and streamlining the PAR process.
- Easily see submissions and requests on a concise dashboard, with 24/7 access to your queue of active submissions and requests, both to view and take action on.
- Receive timely email and text message status updates on submitted PARs and PARs in progress.
- Communicate directly with providers concerning a PAR.

# Others Will Benefit, Too

- **External Stakeholders**
  - Healthcare Providers
  - Injured Workers
  - Medical Suppliers
- **Board Staff**
  - Medical Director's Office



# How Will It Work?



**Access the  
Medical Portal**



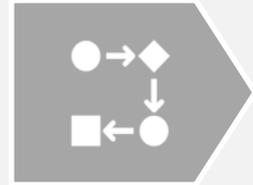
**Perform a Case  
Search**



**Answer a Series  
of Questions**



**Submit Request  
Form/Escalation  
and Auto  
Routing**



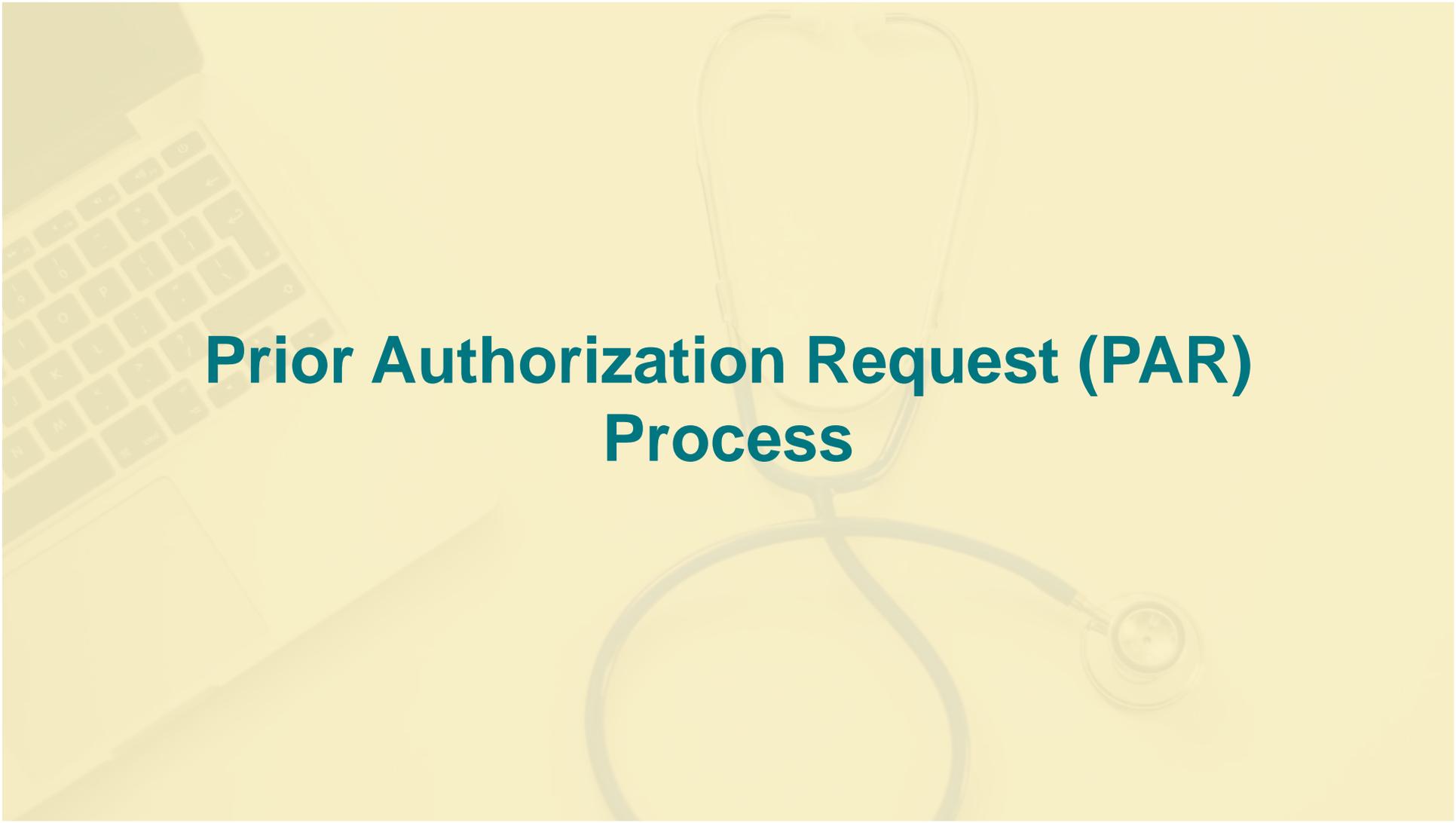
**Navigates  
Review Process**



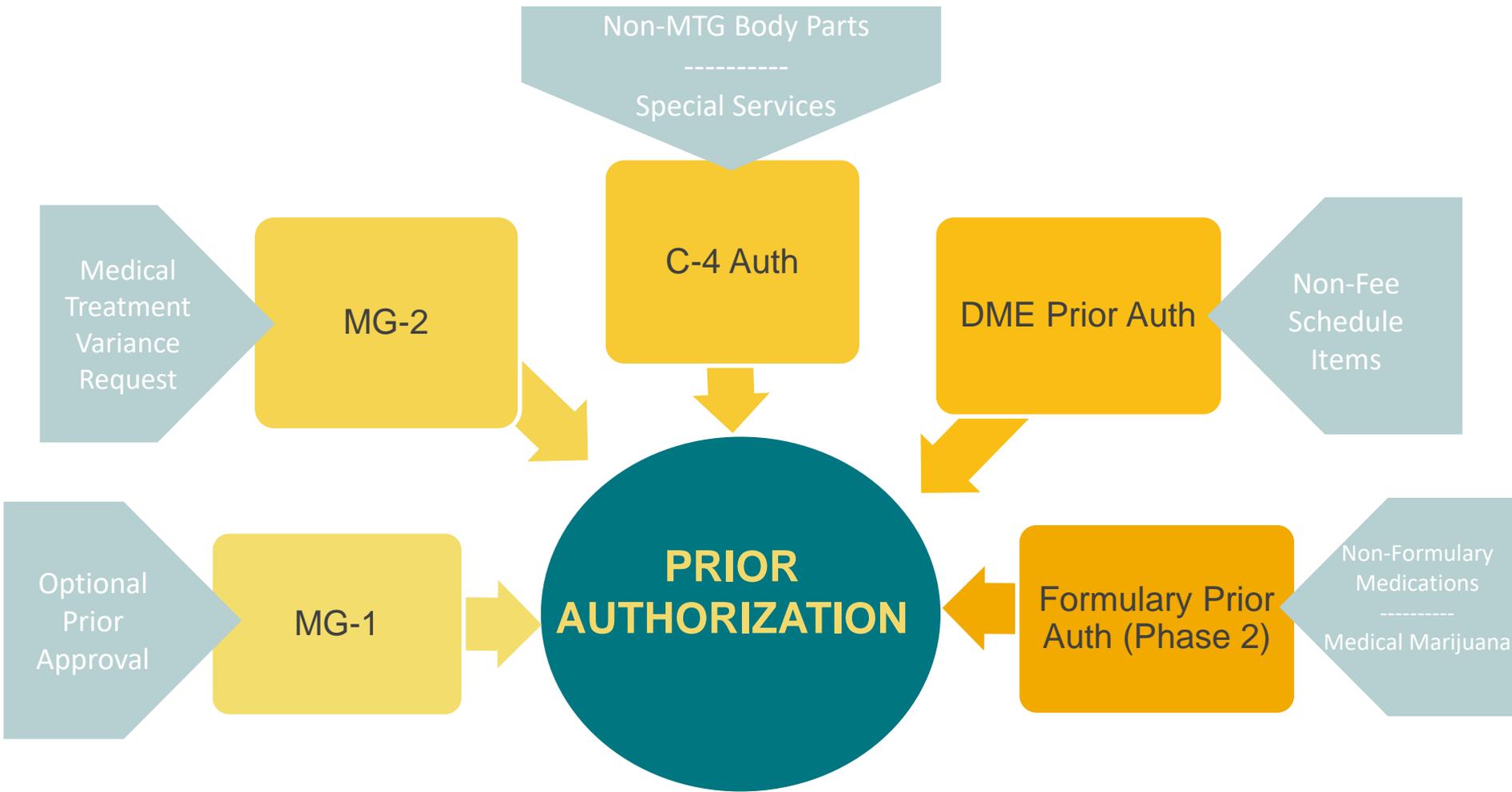
# LIMITED RELEASE

Walkthrough





# **Prior Authorization Request (PAR) Process**



# Medical Portal Homepage

Language Assistance: (877) 632-4996 | Language Access Policy | Español | Русский | Polski | 中文 | Italiano | Kreyòl ayisyen | 한국어 | বাংলা

Welcome: Steve Smith Log out

**MEDICAL PORTAL**

**New Drug Formulary Feature to Facilitate Loading Items in Dashboard**



**Medical Providers**

- Training
- New Provider Authorization Request
- Authorization Renewal
- Update Authorization Information
- Specialty Classification Codes
- New Provider Legislation
- Independent Medical Examinations
- Learn more about the Impartial Specialist Program
- Preferred Provider Organizations



**Treatment**

- Medical Treatment Guidelines
- MTG Lookup Tool
- Drug Formulary Overview
- Drug Formulary Lookup
- Drug Formulary Prior Authorization
- Prior Authorization Request**
- Guidelines for Determining Impairment
- Diagnostic Testing Network Lookup
- NYS DOH I-STOP/PMP



**Billing**

- Medical Fee Schedules
- Submit Disputed Medical Bill
- Employer Coverage Search
- Web Submission of Medical Forms
- CMS-1500 Initiative
- XML Forms Submission

# Provider Dashboard

ONBOARD Home Downloads My Profile **Submit an eForm** Medical Treatment Portal

Home

My Tasks Prior Authorizations Draft eForms Submitted eForms Filter

| Prior Auth ID                  | Type                      | Patient           | Patient DOB | Carrier Case # | WCB Case # | Last Activity | Prior Auth Status |
|--------------------------------|---------------------------|-------------------|-------------|----------------|------------|---------------|-------------------|
| <a href="#">PA-12-123-1234</a> | Formulary                 | Underwood, Carrie | 01/01/1990  | IN1234567      | G1957462   | 06/23/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-02-123-1294</a> | Mandatory                 | Smith, Amanda     | 01/01/1990  | IN1234567      | G1957462   | 06/21/2020    | LEVEL 1 REVIEW    |
| <a href="#">PA-12-333-1634</a> | Variance                  | Baker, Kyle       | 01/01/1990  | IN1234567      | G1957462   | 07/03/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-10-126-1247</a> | Non-MTG <\$1000           | Donaldson, Aaron  | 01/01/1990  | IN1234567      | G1957462   | 07/05/2020    | LEVEL 1 REVIEW    |
| <a href="#">PA-12-443-1893</a> | Formulary                 | McGibbon, William | 01/01/1990  | IN1234567      | G1957462   | 07/10/2020    | GRANTED IN PART   |
| <a href="#">PA-03-113-1224</a> | Special Services          | Garcia, Robert    | 01/01/1990  | IN1234567      | G1957462   | 07/15/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-11-155-1934</a> | Durable Medical Equipment | Davis, Susan      | 01/01/1990  | IN1234567      | G1957462   | 07/17/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-08-123-1748</a> | Variance                  | Brown, Lianne     | 01/01/1990  | IN1234567      | G1957462   | 07/23/2020    | GRANTED           |
| <a href="#">PA-06-113-1536</a> | Mandatory                 | Miller, Amber     | 01/01/1990  | IN1234567      | G1957462   | 07/23/2020    | DENIED            |
| <a href="#">PA-02-843-9957</a> | Non-MTG >\$1000           | Lopez, Julia      | 01/01/1990  | IN1234567      | G1957462   | 07/24/2020    | LEVEL 2 REVIEW    |

< Page 1 of 1 > | Showing 1 - 10 of 20

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

ONBOARD | Home | Downloads | My Profile | Submit an eForm | Medical Treatment Portal

PAR Questionnaire | Step 1 of 3:  
**Requester Information**  
Request for Prior Authorization

PAR QUESTIONNAIRE

- Requester Information
- Claim Details
- Items Requested

COMPLETE REQUEST(S)

On behalf of which of the following Providers are you completing this form?

Requesting on Behalf of:  
Dr. Ron Swanson

Please select license for this request.

License  
Select a License  
#123456789 | Physician  
#987654321 | Chiropractor  
#543216789 | Physical Therapist

Claim Details →

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

ONBOARD Home Downloads My Profile Submit an eForm Medical Treatment Portal

PAR Questionnaire | Step 2 of 3:  
**Claim Details**  
Request for Prior Authorization

PAR QUESTIONNAIRE

- Requester Information
- Claim Details**
- Items Requested

COMPLETE REQUEST(S)

Select an identifier to match to a claim.

To match to an eCase claim you must enter a value in the WCB Case Number OR the Claim Admin Claim Number fields. The case search uses exact values to Claim Details. If you have questions, please contact the WCB at (555) 555-5555.

WCB Case Number

Claim Admin Claim Number

Claim Admin Claim Number

W033120448

Enter information in any two of the following four fields.

If you are searching based on Claim Admin Claim Number we recommend using the Date of Injury and Last four of SSN.

Date of Injury: 06/12/2019  
Last Four of SSN: 1234

Date of Birth:   
Patient Last Name:

Search for Claim

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

ONBOARD | Home | Downloads | My Profile | Submit an eForm | Medical Treatment Portal

PAR Questionnaire | Step 3 of 3:  
**Items Requested**  
Request for Prior Authorization

Save as Draft

PAR QUESTIONNAIRE

- Requester Information
- Claim Details
- Items Requested**

COMPLETE REQUEST(S)

### Items Requested

Enter the information below for each item for which you'll be requesting Prior Authorization on this claim.

**Item #1**

Select category of PAR.

- Drug Formulary
- Durable Medical Equipment
- Other Treatment/Testing
- Non-Medical

CLAIM AND REQUESTER INFORMATION

**Claimant Name**  
John R. Johnson

**Claimant DOB**  
06/30/1968

**WCB Case Number**  
WC-12345

**Site/Condition**  
Ankle

**Provider**  
Dr. Ron Swanson

← Claim Details | Complete Request(s) →

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

The screenshot shows a web form for PAR submission. The form is divided into several sections. The left sidebar contains 'Items Requested' and 'COMPLETE REQUEST(S)'. The main content area is titled 'Item #1' and contains the following sections:

- Select category of PAR.** Radio buttons for:
  - Drug Formulary
  - Durable Medical Equipment
  - Other Treatment/Testing** (selected)
  - Non-Medical
- Enter the CPT Code/Description**  
CPT Code: A0021 - Outside state ambulance service
- Select MTG associated with this PAR.**  
MTG Site: Foot and Ankle  
MTG Reference Code/Description: C.11.c.ii.a: Nocturnal Splints for Treatment of Tarsal Tunnel Syndrome
- Select body part associated with this PAR.**  
Body Part: Ankle  
Side of Body: Left
- Is requested treatment/testing addressed by and consistent with the MTGs?** Radio buttons for:
  - Not Addressed by MTGs
  - Addressed by MTGs, but Not Consistent with MTGs
  - Addressed by MTGs and Consistent with MTGs** (selected)

On the right side of the form, there is a sidebar with the following information:

- Claimant DOB: 06/30/1968
- WCB Case Number: WC-12345
- Site/Condition: Ankle
- Provider: Dr. Ron Swanson

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

ONBOARD Home Downloads My Profile Submit an eForm Medical Treatment Portal

PAR Questionnaire | Step 3 of 3:  
**Items Requested**  
Request for Prior Authorization

Save as Draft

PAR QUESTIONNAIRE

- Requester Information
- Claim Details
- Items Requested**

COMPLETE REQUEST(S)

**Items Added (1)**

Item #1 [Edit](#)

PAR Type: MG-1: Consistent  
Body Part: Left Ankle  
CPT/HCPCS: C11.c.ii.a: Nocturnal Splints for Treatment of Tarsal Tunnel Syndrome  
MTG: A0021 - Outside state ambulance service

[Add Another](#)

**CLAIM AND REQUESTER INFORMATION**

Claimant Name  
John R. Johnson

Claimant DOB  
06/30/1968

WCB Case Number  
WC-12345

Site/Condition  
Ankle

Provider  
Dr. Ron Swanson

Based on items entered, the following Prior Authorization Request types will be submitted:

- MG-1: Consistent

Heads up! Once you move on to the next screen, you won't be able to make changes to the Claim details.

← Items Requested **Complete Request(s) →**

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

The screenshot shows the ONBOARD web application interface for submitting a Prior Authorization Request (PAR). The top navigation bar includes 'Home', 'Downloads', 'My Profile', 'Submit an eForm', and 'Medical Treatment Portal'. The main heading is 'Complete Request(s) | Step 1 of 3: Request Details'. A 'Save as Draft' button is visible in the top right. The left sidebar contains a 'PAR QUESTIONNAIRE' section with a red box highlighting the 'Request Details' step under 'PAR 1: DME - Durable Medical Equipment'. Below this are 'Medical Necessity and Supporting' and 'Review and Submit' options. The main content area is titled 'DME Request Details' and includes a description of the eForm, a 'DME Item #1' section with an 'INCOMPLETE' status, and 'Add Additional Details' section with input fields for 'Duration in Weeks' (value: 2) and 'Estimated Cost'.

**ONBOARD** Home Downloads My Profile Submit an eForm Medical Treatment Portal

Complete Request(s) | Step 1 of 3:  
**Request Details** Save as Draft

Prior Authorization Request: DME - Durable Medical Equipment

**PAR QUESTIONNAIRE**

COMPLETE REQUEST(S)

**PAR 1: DME - Durable Medical Equipment**

- Request Details**
- Medical Necessity and Supporting
- Review and Submit

PAR 2: FORMULARY

**DME Request Details**

This eForm is to request prior authorization for durable medical equipment not covered by the fee schedule or where such prior authorization is required by the fee schedule. Submission of this eForm prior to prescribing/providing the equipment is mandatory for the Healthcare Provider.

**DME Item #1** INCOMPLETE

**HCPCS Code/Description:** L3520: Orthopedic shoe addition, insole, felt covered with leather  
**MTG Site:** Foot and Ankle  
**MTG Code/Description:** C.12.c.iii.a: Ankle Brace (Orthosis) for Acute Ankle Sprain  
**Body Part:** Left Ankle

**CLAIM AND REQUESTER INFORMATION**

**Claimant Name**  
John R. Johnson

**Claimant DOB**  
06/30/1968

**WCB Case Number**  
WC-12345

**Site/Condition**  
Ankle

**Provider**  
Dr. Ron Swanson

**Add Additional Details**

DME items can be purchased or rented. The cumulative amount paid in rental fees can not exceed the DME fee schedule purchase amount. Enter the requested DME duration below.

**Duration in Weeks**

2

Must be one week or greater

Enter the total estimated cost of the DME item you are requesting for the entire duration of its use:

**Estimated Cost**

\$

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

\*Multiple requests can be made for the same claim

**PAR QUESTIONNAIRE**

- Requester Information
- Claim Details
- Items Requested**
- COMPLETE REQUEST(S)

**Items Added (2)**

**Item #1** [Edit](#) [Remove](#)

**PAR Type:** MG-1: Consistent  
**Body Part:** Left Ankle  
**CPT/HCPCS:** C.11.c.ii.a: Nocturnal Splints for Treatment of Tarsal Tunnel Syndrome  
**MTGs:** A0021 - Outside state ambulance service

**Item #2** [Edit](#) [Remove](#)

**PAR Type:** DME: Durable Medical Equipment  
**Body Part:** Left Ankle  
**CPT/HCPCS:** L3520: Orthopedic shoe addition, insole, felt covered with leather  
**MTGs:** A0021 - Outside state ambulance service

Based on items entered, the following Prior Authorization Request types will be submitted:

- MG-1: Consistent
- DME: Durable Medical Equipment

**Heads up!** Once you move on to the next screen, you won't be able to make changes to the Claim details.

[← Items Requested](#) [Complete Request\(s\) →](#)

**CLAIM AND REQUESTER INFORMATION**

**Claimant Name**  
John R. Johnson

**Claimant DOB**  
06/30/1968

**WCB Case Number**  
WC-12345

**Site/Condition**  
Ankle

**Provider**  
Dr. Ron Swanson

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

The screenshot shows the ONBOARD web application interface. At the top, there is a navigation bar with 'Home', 'Downloads', 'My Profile', 'Submit an eForm', and 'Medical Treatment Portal'. Below the navigation bar, there is a 'Home' section with tabs for 'My Tasks', 'Prior Authorizations', 'Draft eForms', and 'Submitted eForms'. The 'Prior Authorizations' tab is active, displaying a table of PARs. The table has the following columns: Prior Auth ID, Type, Patient, Patient DOB, Carrier Case #, WCB Case #, Last Activity, and Prior Auth Status. The first column, 'Prior Auth ID', is highlighted with a red box. The table contains 10 rows of data, each representing a PAR with its details and status.

| Prior Auth ID                  | Type                      | Patient           | Patient DOB | Carrier Case # | WCB Case # | Last Activity | Prior Auth Status |
|--------------------------------|---------------------------|-------------------|-------------|----------------|------------|---------------|-------------------|
| <a href="#">PA-12-123-1234</a> | Formulary                 | Underwood, Carrie | 01/01/1990  | IN1234567      | G1957462   | 06/23/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-02-123-1294</a> | Mandatory                 | Smith, Amanda     | 01/01/1990  | IN1234567      | G1957462   | 06/21/2020    | LEVEL 1 REVIEW    |
| <a href="#">PA-12-333-1634</a> | Variance                  | Baker, Kyle       | 01/01/1990  | IN1234567      | G1957462   | 07/03/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-10-126-1247</a> | Non-MTG <\$1000           | Donaldson, Aaron  | 01/01/1990  | IN1234567      | G1957462   | 07/05/2020    | LEVEL 1 REVIEW    |
| <a href="#">PA-12-443-1893</a> | Formulary                 | McGibbon, William | 01/01/1990  | IN1234567      | G1957462   | 07/10/2020    | GRANTED IN PART   |
| <a href="#">PA-03-113-1224</a> | Special Services          | Garcia, Robert    | 01/01/1990  | IN1234567      | G1957462   | 07/15/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-11-155-1934</a> | Durable Medical Equipment | Davis, Susan      | 01/01/1990  | IN1234567      | G1957462   | 07/17/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-08-123-1748</a> | Variance                  | Brown, Lianne     | 01/01/1990  | IN1234567      | G1957462   | 07/23/2020    | GRANTED           |
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Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# Insurer Response Process

The screenshot shows the ONBOARD web application interface. At the top, there is a navigation bar with the ONBOARD logo, a 'Home' link, and a 'Downloads' menu. On the right side of the navigation bar, there are links for 'My Profile', 'Submit an eForm', and 'Medical Treatment Portal'. Below the navigation bar, there is a 'Home' section with a list of tabs: 'My Tasks', 'Prior Authorizations', 'Draft eForms', and 'Submitted eForms'. The 'Prior Authorizations' tab is selected. Below the tabs is a table with columns: 'Prior Auth ID', 'Type', 'Patient', 'Patient DOB', 'Carrier Case #', 'WCB Case #', 'Last Activity', and 'Prior Auth Status'. The table contains 10 rows of data. The row with 'Prior Auth ID' PA-11-155-1934 is highlighted with a red box. Below the table, there is a pagination bar showing 'Page 1 of 1' and 'Showing 1 - 10 of 10'.

| Prior Auth ID                  | Type                      | Patient           | Patient DOB | Carrier Case # | WCB Case # | Last Activity | Prior Auth Status |
|--------------------------------|---------------------------|-------------------|-------------|----------------|------------|---------------|-------------------|
| <a href="#">PA-12-123-1234</a> | Formulary                 | Underwood, Carrie | 01/01/1990  | IN1234567      | G1957462   | 06/23/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-02-123-1294</a> | Mandatory                 | Smith, Amanda     | 01/01/1990  | IN1234567      | G1957462   | 06/21/2020    | LEVEL 1 REVIEW    |
| <a href="#">PA-12-333-1634</a> | Variance                  | Baker, Kyle       | 01/01/1990  | IN1234567      | G1957462   | 07/03/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-10-126-1247</a> | Non-MTG <\$1000           | Donaldson, Aaron  | 01/01/1990  | IN1234567      | G1957462   | 07/05/2020    | LEVEL 1 REVIEW    |
| <a href="#">PA-12-443-1893</a> | Formulary                 | McGibbon, William | 01/01/1990  | IN1234567      | G1957462   | 07/10/2020    | GRANTED IN PART   |
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| <a href="#">PA-11-155-1934</a> | Durable Medical Equipment | Davis, Susan      | 01/01/1990  | IN1234567      | G1957462   | 07/17/2020    | LEVEL 2 REVIEW    |
| <a href="#">PA-08-123-1748</a> | Variance                  | Brown, Lianne     | 01/01/1990  | IN1234567      | G1957462   | 07/23/2020    | GRANTED           |
| <a href="#">PA-06-113-1536</a> | Mandatory                 | Miller, Amber     | 01/01/1990  | IN1234567      | G1957462   | 07/23/2020    | DENIED            |
| <a href="#">PA-02-843-9957</a> | Non-MTG >\$1000           | Lopez, Julia      | 01/01/1990  | IN1234567      | G1957462   | 07/24/2020    | LEVEL 2 REVIEW    |

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# Insurer Response Process

Prior Authorization request: PA-00-0001-465 | Step 1 of 4:

## Durable Medical Equipment PAR Summary and Insurer Response

Insurer Response to Prior Authorization: DME

Save as Draft

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- Durable Medical Equipment PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below

| Body Part      | Medical Treatment Guideline                     | CPT/HCPCS  |
|----------------|---|--|
| Bilateral Disc | Mid and Low Back - D.2.b Non-Operative Proce... | A438T: Ostomy pouch, urinary, for use on facepl... |

L1 Insurer Response

Deny

Insurer Response

Grant

Is this request granted without Prejudice? \*

Yes  No

Granted for? \*

Purchase Price  Rental Price

Is model/version on WCB price list? \*

Yes  No

Overall Response to PAR

Grant

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# Insurer Response Process

Prior Authorization request: PA-00-0001-465 | Step 1 of 4:

## Insurer Response Details

Save as Draft

Insurer Response to Prior Authorization: DME

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

- Durable Medical Equipment PAR Summary and Insurer Response
- **Insurer Response Details**
- Supporting Documentation
- Review and Submit

Is this Claim apportioned? \*

Yes  No

Amount or Percentage covered? \*

70

Additional insurer information responsible for this Claim? \*

Insurer Name

Title of the Reviewer \*

Other

Other Title \*

Other Title

← Durable Medical Equipment PAR Summary and Insurer Response Supporting Documentation → Exit

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# Insurer Response Process

Prior Authorization request: PA-00-0001-465 | Step 1 of 4:

## Supporting Documentation

Insurer Response to Prior Authorization: DME

Save as Draft

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME

• Durable Medical Equipment PAR Summary and Insurer Response

• Insurer Response Details

• **Supporting Documentation**

○ Review and Submit

### Supporting Documentation

Document must be less than 30MB

| File Name | Description | Upload |
|-----------|-------------|--------|
|-----------|-------------|--------|

Upload Additional Documents

← Insurer Response Details

Review and Submit →

Exit

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# Insurer Response Process

Prior Authorization request: PA-00-0001-465 | Step 1 of 4:

## Review and Submit

Insurer Response to Prior Authorization: DME

Save as Draft

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME  
# Durable Medical Equipment PAR Summary and Insurer Response

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please review the following information for accuracy prior to submission.

### Insurer Responses

|                             |  |   |
|-----------------------------|--|---|
| Body Part<br>Bilateral Disc | Medical Treatment Guideline<br>Mid and Low Back - D.2.b Non-Operative Proce... | CPT/HCPCS<br>A438T: Ostomy pouch, urinary, for use on facepl... |
|-----------------------------|--|---|

Insurer Response  
Grant

Is this request granted without Prejudice? \*  
No

Granted for?  
Rental Price

Is model/version on WCB price list? \*  
Yes

Overall Response to PAR  
Grant

### Insurer Response Details

Is this Claim apportioned? \*  
Yes

Amount or Percentage covered? \*  
70

Additional Insurer information responsible for this Claim? \*  
Insurer Name

Title of the Reviewer \*  
Other

Other Title  
Other Title

### Supporting Documentation

No Supporting Documentation attached.

Supporting Documentation | Submit | Preview | Exit

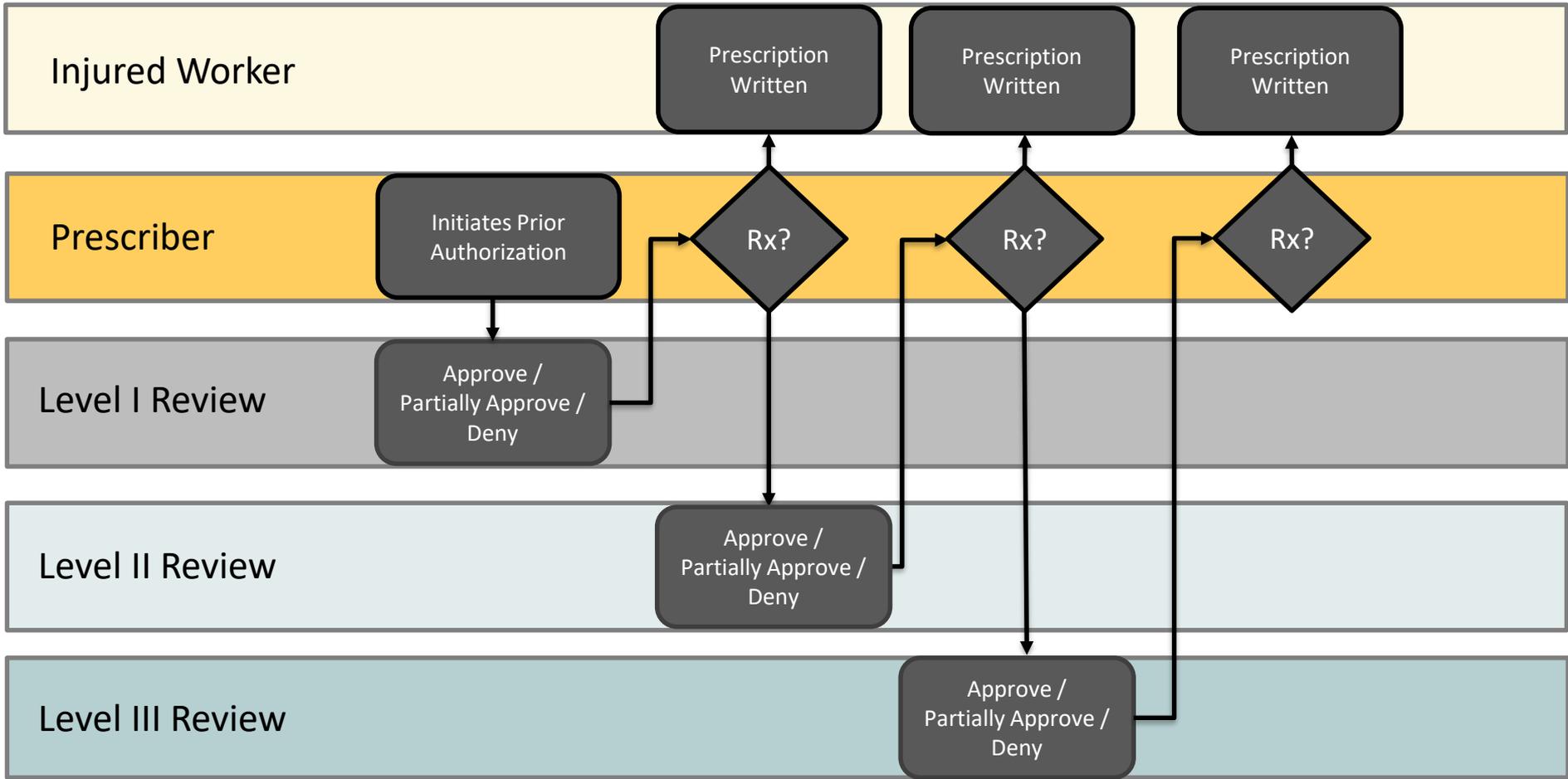
Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates



# How will insurers be trained?

- Monthly webinar series
- Just-in-time training webinars
- Q&A webinars
- Training guides and video tutorials
- Website content
- Support channels



# Next Steps for Insurers

- Review your current paper or fax-based systems. You will no longer be using these!
- Review the OnBoard webpage.



# Stay Engaged

- [wcb.ny.gov/OnBoard](https://wcb.ny.gov/OnBoard)
  - Overview, timeline, FAQs, resources
- **Subscribe for OnBoard Updates**
  - Subscribe to receive email updates on all things OnBoard!
  - Future training will be available!
- Email [OnBoard@wcb.ny.gov](mailto:OnBoard@wcb.ny.gov)

